

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 2 0

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 1991

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Supplement 1 to Attachment 2.6-A, page 5  
(SPA 91-019)

10. SUBJECT OF AMENDMENT:

To correct page numbering error

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:The Governor's Office does not wish to  
review State Plan amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Services  
Attn: State Plan Coordinator  
714 P Street, Room 1640  
Sacramento, CA 95814**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

July 11, 2001

18. DATE APPROVED:

7/16/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 1991

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator  
Division of Medicaid

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

D. INCOME LEVELS - MEDICALLY NEEDY

X Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance	Amount by which Column (2) exceeds limits specified in	Net income level for persons living in rural areas	Amount by which Column (4) exceeds limits specified in
	<u>/</u> urban only	42 CFR 435.1007 <sup>1/</sup>		42 CFR 435.1007 <sup>1/</sup>
	<u>/X</u> urban & rural			
(1)	(2)	(3)	(4)	(5)
1	\$ 600.00	\$	\$	\$
2	\$ 750.00	\$	\$	\$
2 Adults	\$ 934.00 <sup>2/</sup>	\$	\$	\$
3	\$ 934.00	\$	\$	\$
4	\$ 1100.00	\$	\$	\$
5	\$ 1259.00	\$	\$	\$
6	\$ 1417.00	\$	\$	\$
7	\$ 1550.00	\$	\$	\$
8	\$ 1692.00	\$	\$	\$
9	\$ 1825.00	\$	\$	\$
10	\$ 1959.00	\$	\$	\$
For each additional person, add:	\$ 14	\$	\$	\$

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

<sup>2/</sup> This maintenance need level applies only when at least one of the adults is aged, blind or disabled.